


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 25 PM 1:47

DOCUMENT # L07000093545 1. Entity Name AIR CARGO FACILITATORS, LLC																													
Principal Place of Business 19020 S. ST. ANDREWS DRIVE MIAMI, FL 33015			Mailing Address 19020 S. ST. ANDREWS DRIVE MIAMI, FL 33015																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	09222008 Chg-LLC CR2E083 (12/06) 4. FEI Number 26-1102439 Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent HANLON, MICHAEL J 19020 S. ST. ANDREWS DRIVE MIAMI, FL 33015			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____																										
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">MGR</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HANLON, MICHAEL J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>19020 S. ST. ANDREWS DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33015</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	HANLON, MICHAEL J		STREET ADDRESS	19020 S. ST. ANDREWS DRIVE		CITY-ST-ZIP	MIAMI, FL 33015		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">NAME</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>900136347549</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>09/25/08--01055--005</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>**138.75</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	900136347549		STREET ADDRESS	09/25/08--01055--005		CITY-ST-ZIP	**138.75	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																													
SIGNATURE: <u>Michael Hanlon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>9/25/08</u> Daytime Phone # <u>829.6414</u>																									